

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

District of

Division

United States District Court
Southern District of Texas
FILED

JAN - 8 2020

David J. Bradley, Clerk of Court

Case No.

B-20-003

(to be filled in by the Clerk's Office)

JUAN CARLOS LARA-ARGUELLES

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

MANAGEMENT TRAINING CORPORATION

WILLACY COUNTY REGIONAL DETENTION FACILITY

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS (Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

JUAN CARLOS LARA-ARQUELLES

All other names by which
you have been known:

ID Number

M 51498079

Current Institution
Address

WILLACY COUNTY REGIONAL DETENTION FACILITY
1601 BUFFALO DRIVE
RAYMONDVILLE TX 78580
City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

MANAGEMENT TRAINING CORPORATIONJob or Title (*if known*)

Shield Number

Employer

Address

WILLACY COUNTY REGIONAL DETENTION CENTER
1601 BUFFALO DRIVE
RAYMONDVILLE TEXAS 78580
City State Zip Code

☐ Individual capacity ☒ Official capacity

Defendant No. 2

Name

Job or Title (*if known*)

Shield Number

Employer

Address

City

State

Zip Code

☐ Individual capacity ☐ Official capacity

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Defendant No. 3

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐ Individual capacity☐ Official capacity

Defendant No. 4

Name _____

Job or Title (if known) _____

Shield Number _____

Employer _____

Address _____

City _____

State _____

Zip Code _____

☐ Individual capacity☐ Official capacity**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)

☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials? FOR VIOLATING MY FEDERAL CONSTITUTIONAL RIGHTS BY BEING DENIED ACCESS TO QUALITY HEALTH SERVICES DURING MY STAY AT W.R.D.F. AND TREATMENT BY MEDICAL SPECIALIST.

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☒ Convicted and sentenced federal prisoner
- ☐ Other (*explain*) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

WILLACY COUNTY REGIONAL DETENTION FACILITY
SINCE OR ABOUT AUG 5, 2019

C. What date and approximate time did the events giving rise to your claim(s) occur?

Aug 5, 2019 TO PRESENT/STILL

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

SINCE Aug. 5, 2019 OR APPROX. SINCE I WAS INCARCERATED I HAVE NOTIFIED MEDICAL STAFF THAT I SUFFER FROM PARKINSON AND RHEUMATOID ARTHRITIS. BUT YET THEY HAVE DONE NOTHING TO CONTROL OR PROVIDE THE CORRECT MEDICATION OR REFERRED ME TO A NEUROLOGY SPECIALIST OR ARTHRITIS RHEUMATOIDIST SPECIALIST.

PAGE EXTENSION ADDED FOR ^{IV} III (D)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive. DUE TO THE MEDICAL NEGLIGENCE MY PARKINSON ILLNESS HAS WORSEN TO POINT WHERE I CANNOT WALK, MOVE, OR CONTROL MY MOVEMENTS, NOT EVEN MY HYGINE NEEDS. ON THE OTHER HAND MY ARTHRITIS HAS WORSEN DUE TO THE INCORRECT MEDICATION PRESCRIBED BY THE IMPROPER GENERAL DR OF THE W.C.R.D.F. MY FINGERS AND TOES ARE NOW DEFORMATIVE DUE TO THE UNTREATED ATTENTION OF A MEDICAL SPECIALIST OF THIS MATTER ALSO.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims. DUE TO DAMAGE OF MY PHYSICAL, MORAL, PSYCHOLOGICAL, MENTAL, AND EMOTIONAL SUFFERING OF MY FAMILY AND I, I REQUEST THIS HONORABLE COURT TO GRANT ME THE AMOUNT FROM THE DEFENDANT OF 5 MILLION U.S DOLLARS AND IMMEDIATE RELEASE FROM THIS CONFINEMENT SO I CAN FIND THE NEEDED PROPER SPECIALIST FOR THIS ILLNESS THAT HAS DEVELOPED INTO A WORSE STATE SINCE I GOTTEN INCARCERATED IN THIS FACILITY W.C.R.D.F.

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IV.D

ON AUGUST THE 5TH DAY OR ABOUT, I WAS INCARCERATED AT WILLACY FEDERAL DETENTION CENTER AND SINCE THEN, REQUESTED TO THE MEDICAL STAFF TO BE REFERRED TO 2 SPECIALISTS, ONE FOR MY PARKINSON'S DISEASE AND ONE FOR MY RHEUMATOID ARTHRITIS. THE MEDICAL STAFF AT W.F.D.C. REFUSED TO SEND ME, CLAIMING THAT THE US MARSHALS REFUSED TO DO IT.

THE GENERAL DOCTOR WHO TREATS THE FACILITY'S GENERAL POPULATION, TOLD ME THAT I MIGHT DIE IF I DON'T GET THE CORRECT TREATMENT ON TIME, HE ALSO STATED THAT ONLY GENERIC MEDICATIONS COULD BE PRESCRIBED UNTIL I DIE OR GET OUT OF PRISON.

DURING MORE THAN 120 DAYS I HAVE BEEN SUFFERING INTENSE GENERALIZED JOINT PAINS AND SEVERE STIFFNESS, MY WHOLE BODY HURTS DAILY, ALL DAY LONG, AND MY TREMOR IS SO SEVERE THAT I CAN NOT DO ANY OF MY ACTIVITIES OF DAILY LIVING, SUCH AS EATING, WASHING, BATHING AND ANY REGULAR ACTIVITIES SUCH AS WRITING OR TALKING ON THE PHONE.

IN SPITE OF BEING ^{HE} EVERY DAY WORSE, AND ^{THE} WORSENING OF THESE CONDITIONS BY THE CORRECTION OFFICERS, LIEUTENANTS, SERGEANTS AND WARDEN DEPUTY OR WARDEN, THEY STATED THAT "NOTHING CAN BE DONE WITH RESPECT TO THE MEDICAL STAFF".

MY MEDICATION IS CARBIDOPA-LEVODOPA, IT IS THE ONLY MEDICATION THAT CONTROLS MY STIFFNESS AND ALLOWS ME TO FUNCTION, I HAVE NOT RECEIVED CARBIDOPA-LEVODOPA, INSTEAD, I HAVE RECEIVED ONLY THE MEDICATIONS THAT THE GENERAL DOCTOR PRESCRIBED.

FOR RHEUMATOID ARTHRITIS I HAVE NOT RECEIVED THE CORRECT MEDICATIONS EITHER.

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IV - D

I AM REQUESTING TO THE HONORABLE COURT; IMMEDIATE
RELIEF OF THESE CONDITIONS; I HAVE SUFFERED SEVERE
PHYSICAL, MENTAL, EMOTIONAL AND PSYCHOLOGICAL CONSEQUENCES
DUE TO NEGLIGENCE BY

- a) THE DOCTOR AND MEDICAL STAFF,
- b) WARDEN OF THIS FACILITY W.C.R.D.F.
- AND C) US MARSHALS ASSIGNED TO W.C.R.D.F

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

WILLACY COUNTY REGIONAL DETENTION FACILITY
1601 BUFFALO DRIVE
RAYMONDVILLE, TEXAS 78580

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☐ No

☒ Do not know

If yes, which claim(s)?

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D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

E. If you did file a grievance:

1. Where did you file the grievance?

WILLACY COUNTY REGIONAL DETENTION CENTER

2. What did you claim in your grievance?

I CLAIMED TO BE REFERRED TO A PARKINSON MEDICAL SPECIALIST AND ALSO A RHEUMATOID ARTHRITIS SPECIALIST

3. What was the result, if any?

I WAS NEVER SEEN OR TREATED BY ANY OF THE SPECIALIST.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

I HAVE PUT GRIEVANCE AFTER GRIEVANCE AND STILL NO RESULTS BUT ONLY HAVE SEEN RETALIATION BY THE MEDICAL AND STAFF OF W.C.R.D.F. BY PUTTING ME IN A MEDICAL SOLITARY 7-0811 HOUSING UNIT (SHU) FOR 2-0000 ME A MEDICAL UNIT.

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F.

~~If you did not file a grievance.~~

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

1) WARDEN, JOSE F. LUNA 2) DEPUTY WARDEN, ROLANDO TREVIÑO
 3) U.S. MARSHAL, BOBBY LARA 4) SERGEANT ZUNIGA
 AND STAFF MEMBER MEDICAL DIRECTOR MRS. VILLEGAS

G.

Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. MY PERSONAL RECORDS OF GRIEVANCE AND SICK CALLS WERE TAKEN AWAY FROM ME BY THE U.S. MARSHAL AND CORRECTIONAL OFFICERS OF WLCRDF WHEN I WAS GOING TO SHOW THEM TO THE JUDGE WHO SENTENCED ME. I NOTIFIED THE JUDGE OF THAT ACTION THAT DAY. ^{RANDY} HONORABLE JUDGE CRANE

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff(s)

Defendant(s)

N/A

2. Court (if federal court, name the district; if state court, name the county and State)

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

N/A

If no, give the approximate date of disposition.

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

N/A

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s)

N/A

Defendant(s)

2. Court *(if federal court, name the district; if state court, name the county and State)*

N/A

3. Docket or index number

N/A

4. Name of Judge assigned to your case

N/A

5. Approximate date of filing lawsuit

N/A

6. Is the case still pending?

☐ Yes

☐ No

N/A

If no, give the approximate date of disposition

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

N/A

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: _____

Signature of Plaintiff

Printed Name of Plaintiff

Prison Identification #

Prison Address

Juan Carlos Lara Arguelles

JUAN CARLOS LARA-ARGUELLES

M51498079

1601 BUFFALO DRIVE

RAYMONVILLE

City

TX

State

78580

Zip Code

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

JUAN CARLOS LARA-ARQUELES M51498079
U.S.C.R.D.F.
1601 BUFFALO DR.
RAYMONDVILLE, TX. 78580

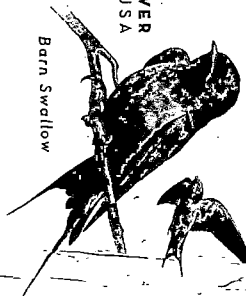
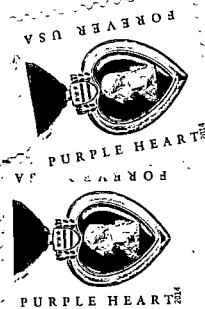
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JAN - 8 2020

David J. Bradley, Clerk of Court

MTC
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FEDERAL
WILLACY 1
INMATE MAIL



UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
RAYMOND GARZA-FILMON JSLA
UNITED STATES COURT HOUSE
600 E. HARRISON STREET # 101
BRAUNSVILLE, TEXAS 78520-7114